

**Explorer Post 1275
Adult Leader
Operations Manual**

**Goddard Explorer Club
NASA Goddard Space Flight Center
Code 680
Greenbelt, Maryland 20771**

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GODDARDEXPLORER CLUB NASA GODDARD SPACE FLIGHT CENTER

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GLOSSARY

BOYSCOUTS OF AMERICA - National organization that provides program and technique support for the development of youth in America. This organization provides training, insurance and other program support to its chartered organizations.

EXPLORER - A youth member of the Explorer post who participates in the technical and other activities of the Explorer post. Youth participation in the Goddard Explorer post is limited to registered members.

EXPLORER POST - The BSA chartered unit through which the technical and youth development program is run under the auspices of the Goddard Explorer Club (Sponsoring Institution).

EXPLORER POST COMMITTEE - Adult committee consisting of Goddard Explorer Club members, parents of Explorers and other interested adults that support the program of the Explorer post.

EXPLORER POST OFFICERS - Youth officers are elected by the youth members of the Explorer post and control the overall post program planning and execution. The Adult officers are appointed by the Explorer Post committee and approved by the Goddard Explorer Club to ensure that proper guidance is provided to the youth involved in the program. All of these officers are registered members of the Boy Scouts of America

GODDARD EXPLORER CLUB - A club chartered under the Goddard Employees Welfare Association. The purpose of this club is to sponsor the Explorer post(s) and to ensure that adequate adult leadership is provided to the Explorers. The Goddard Explorer Club was started at the request of the Goddard Space Flight Center management to provide a technical and activity program for the youth of the community in association with the Boy Scouts of America.

LEARNING FOR LIFE - A subsidiary of the Boy Scouts of America that provides a School to Career program that has kindergarden, middle school, high schools, special needs programs which are school based and work based career Explorer posts.

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1.0 INTRODUCTION

This manual covers the operating procedures for Explorer post(s) sponsored by the Goddard Explorer Club at the Goddard Space Flight Center. It includes the governing constitution of the Goddard Explorer club along with the bylaws of the Explorer post and the post committee. Additionally it covers the other procedures to be used in operation of the post(s).

2.0 RULES AND REGULATIONS

The Explorer post shall be operated in accordance of all applicable regulations of the United States Government and the Learning For Life subsidiary of the Boy Scouts of America. The United States Government laws and regulations shall take precedence.

Agreements have been made with the cognizant officers of the Goddard Space Flight Center governing how the post is to operate on the Center as follows:

2.1 USE OF NASA FACILITIES AND EQUIPMENT

By agreement with the Center Director and the Director of Administration, in December 1975 when the Explorer post was formed, and again in 1996 the following key elements shall govern the post's operation:

- 1 No funds for operation shall be provided by the government. The post shall be responsible for financing its own activities.
- 1 No employees will be detailed to work with the post. The Goddard Explorer Club will be responsible for recruiting adult volunteers to work with the post.
- 1 Permission is granted to use facilities and equipment on the center with approval of the local civil servant manager of the facility or equipment. Such use shall be on a non-conflicting basis with the operations of the Center.

This policy has been implemented as follows:

- 1 No government owned equipment will be loaned to any Explorer for use offsite at any time as part of the Exploring program.
- 1 In the particular instance of computer use, any account to be used by the Explorers must not have access from outside the center proper without pre approved password protection. Where possible any account used by the Explorers shall be on dismountable media, disabled during normal working hours or hosted on equipment specifically reserved for Explorer use..
- 1 All facilities (laboratories, meeting rooms, equipment, etc.) used by the Explorers is cleared by the local civil servant manager prior to use.
- 1 Funding for normal post program operations is raised by the youth and maintained in an account for this purpose. Expenditures from this account require approval of both the post members and

the the adult advisors. (see Post bylaws in Appendix C) Individual accounts may be setup for each Explorer or advisor.

2.2 ACCESS TO CENTER FOR EXPLORERS

By agreement with the head of the Security Branch in January 1976 updated in August 1980, and reconfirmed in September 1985; the Explorers (youth) and non-badged adults associated with the post shall be granted access to the Center under the following procedures:

- 1 Each Explorer shall sign in at the gate house as a visitors each time they are meeting on the center.
- 1 An up to date Explorer membership roster shall be provided the security office with a copy for the gatehouse on a regular basis.
- 1 The Goddard Explorer Club shall provide a list of meetings, locations, dates and times for all Explorer post activities on the Center to the security office on a regular basis.
- 1 The Explorers will be escorted by civil servant and other adult leaders while they are on the center at all times.
- 1 The Explorers and adults involved with the post shall follow the security rules and regulations of the Center.

2.3 PUBLIC RELATIONS

By agreement with the Public Relations Officer in December 1975 the post shall:

- 1 Whenever possible show their support of NASA in a positive way.
- 1 The post adult leaders shall notify the Public Relations Office when public relations opportunities may arise with the post activities.

2.4 CONSTITUTION AND BYLAWS

The governing constitution and bylaws of the Goddard Explorer Club are in Appendix A of this document. The governing Bylaws and policies of the Explorer Post Committee are in Appendix B of this document. The governing Bylaws and policies of the Explorer post as developed by the youth members and approved by the Goddard Explorer Club are in Appendix C of this document.

2.5 INSURANCE

When the Explorer post was initially chartered in January 1976, the Goddard Explorer Club required that the post carry accident insurance for each Explorer in the post. In December 1983 at the request of the adult leaders, the Goddard Explorer Club agreed to add the adult leaders associated with the post to this accident coverage. The cost of this insurance is included in the membership fee for the individual Explorers and adult leaders. The policy used is a group policy through the Boy Scouts of America. A copy of the insurance coverage information is included in Appendix D of this document.

The Goddard Explorer Club and the adult leaders involved in the Exploring program are covered by Comprehensive General and Non-Owned Automobile Liability insurance which is carried by the National Capital Area Council, Boy Scouts of America. The coverage and limits of liability are indicated in the certificate of insurance included in Appendix D of this document. The cost of this policy is borne by the local council of the Boy Scouts of America and a \$20 rechartering fee paid by each sponsor.

Both of these policies require that the activities of the post be in accordance with the policies of Learning for Life.. In addition each policy covers both youth and adults meeting with the post for recruiting purposes or activity operations whether they are enrolled members of Learning for Life or not.

2.6 APPLICABLE BOY SCOUTS OF AMERICA POLICIES

The policies that govern Exploring operations may be found in the Learning For Life (LFL) publications *Explorer Leader Handbook*, No. 34637A and the Guide to Safe Learning For Life Activities, No. 99-117. In several instances the Goddard Explorer Club requires more stringent operations (these instances are noted following the LFL/BSA policy).

Alcohol - “The use of alcoholic beverages by Explorers, leaders or guests at any Explorer function is prohibited.”

Cave Exploring - “Posts that include spelunking in their program must be under the leadership of a responsible adult who is qualified through training and experience in cave exploring and knows established practices of safety, conservation, and courtesy to cave owners.”

Coed Overnight Activities - “The National Learning for Life Committee has established the following policy.

1) The post Advisor must give careful consideration to the number of adults necessary to provide appropriate leadership for both male and female participants. The number of adult leaders required by the hosting facility or organization must be provided.

2) Adult leaders must be 21 years of age or older and be approved by the post Advisor (on behalf of the chartered organization).

3) Separate housing must be provided for both male and female participants.

4) An adult male leader must be housed with and be responsible for the male participants. An adult female leader must be housed with and be responsible for the female participants.

5) Written parent or guardian approval is required for each Explorer or guest under 21 years of age.

The Goddard Explorer Club and the Explorer post adult and youth officers have developed a parental permission slip which must be signed by the Explorers parent or guardian giving permission for their child or ward to participate in the activity. In addition, this form also includes permission to have their child or ward treated by qualified medical personnel in the event of an accident. A copy of the Parents Permission Slip may be found in Appendix D of this document.

Drug Abuse - “The illegal use or possession of drugs or hallucinogens by Explorers, adults, or guests is prohibited at any Explorer function.”

Firearms - “All training and shooting must be supervised by an NRA certified instructor or a certified instructor of a local, state, or federal agency. Use of handguns is limited to Explorers who must complete a basic handgun marksmanship safety course prior to range firing.”

Hazardous Activities - “Post programs should include proper safety and fitness training prior to involvement in activities such as shooting, rock climbing, water skiing, etc. Explorers should not be involved in projects or activities with potential hazards without proper training, equipment, knowledge of safety procedures, and supervision of qualified adults.”

The Goddard Explorer Club policy is to recruit qualified adults as consultants for all of activities.

Illegal Activities - “Explorer leaders or participating organizations may not involve Explorers in projects or activities which may be in violation of local, state or federal laws.

Money Earning Projects - “Posts planning money earning projects must complete, in advance, a **Unit Money Earning Application**, No. 4427. The proposed project must be consistent with the purposes and policies of Learning for Life as follows:

- 1) Post committee and chartered organization approval is required.
- 2) The projects must not involve any form of gambling and must comply with local laws and permits.
- 3) Purchasers must receive fair value from the project, service, or function.
- 4) The project should not compete unfairly with local businesses or individuals needing work.
- 5) The project must protect the name of Exploring and the Boy Scouts of America, preventing any misuse or desire for endorsement by promoters.
- 6) Any contracts, orders, or legal agreements must be signed by post leaders without reference to Learning for Life and in no way binding to the local or National Councils of the Boy Scouts of America.
- 7) A post or ship may not solicit public donations for its treasury.”

A copy of the Unit Money Earning Application is included in Appendix D. of this document.

Because of the legality of using Government property for fund raising purposes, the Goddard Explorer Club requires that all fund raising activities be conducted off center and not use government facilities or equipment in any fashion, unless permission is granted by the Center Director.

Membership Policy - “It is Learning for Life’s official position that its youth and adult membership shall be open to all without regard to race, religious or ethnic background.”

Outdoor Living - “Proper health and safety procedures must be followed during campouts. In particular, use of liquid fuel for cooking and light must be supervised by adults following any local BSA council guidelines. No open flames are allowed in or near tents.”

Parachuting or Hang Gliding - “The use of sport parachutes, hang gliders, ultralights, or similar devices is not approved as an Explorer activity.”

Political Involvement - “The post or ship should include activities which provide understanding of America’s government and political process. Explorers may not be involved in any activity which might imply LFL endorsement of a political candidate or issue.”

Registration - “Organizations using the LFL program must renew their post participation each year. Each post member and adult leader must also enroll each year. New adults and Explorers can enroll during the year by paying a quarterly pro-rated fee until the post’s participation expiration date.”

The costs for participation in the Goddard Explorer Post is \$15/year. This fee breaks down as follows: Registration \$7.00, Accident Insurance \$2.80 and post dues \$5.10. The adult fee is \$10/year.

Skin and Scuba Diving - “Skin diving is approved as an Explorer activity when proper masks, fins, and snorkels are used. Scuba diving instruction with breathing tanks, is approved only for Explorers and only under supervision of a certified instructor using YMCA, NAUI, or PADI standards and courses of instruction. Group dive sessions shall be restricted to certified scuba divers under the supervision of a certified dive master, assistant instructor, or instructor certified by the YMCA, PADI or NAUI. Student divers must be under the supervision of an instructor certified by YMCA, PADI, or NAUI.”

It is the policy of the Goddard Explorer Club and the Adult leaders of the Explorer post to have certified instructors on all activities that require special equipment and training.

Activity Permits - A **Local Outing Permit** must be filed for a trip of less than 500 miles and a **National Outing Permit** must be filed for a trip of 500 miles or more or one which travels into foreign countries.” Guidelines for activities requiring extensive travel are found in **Guide to Safe Learning For Life Activities**, No. 99-117. A copy of each outing permit is included in Appendix D of this document.

The Boy Scouts of America Activity Permits allow drivers of 18 years of age to drive on Exploring activities. The Goddard Explorer Club requires that all drivers be 21 years of age or older. The only exceptions permitted are those approved by the post Advisor.

2.6.1 YOUTHPROTECTION

Learning for Life has established mandatory youth protection policies, which must be adhered to by all adults involved in LFL associated activities. The key requirements of this policy are as follows:

1 **Two Deep Leadership** - Two enrolled adult leaders or one enrolled leader and one other adult must be present at all meetings and activities of the post.

1 **No One on One Contact** - One on one contact between Explorers and adult leaders is prohibited except for ride along programs.

1 **Respect of Privacy** - Adult leaders should respect the privacy of the Explorers in such situations as changing into swim suits or taking showers and intrude only to the extent that Health and Safety require.

1 **Separate Accommodations** - No Youth should be housed in the same room or tent with the adults.

1 **No Secret Organizations or Hazing** - Secret organizations, and hazing are not permitted. Also all discipline shall reflect the programs underlying values.

APPENDIX A

GODDARD EXPLORER CLUB CONSTITUTION

Article I - Name

The name of this organization shall be the Goddard Explorer Club.

Article II - Purpose

The purpose of this organization shall be to sponsor an Explorer Post(s) which is sanctioned by the Learning For Life (LFL) division, National Capital Area Council of the Boy Scouts of America (BSA). This GEWA organization will bring young people voluntarily into association with adults in activities related to their common interests and help young people find their present and future roles as individuals in society and in the world of work. No part of the income of this group shall inure to the benefit of any of its members or any private individual, except for providing instructional services and related supplies.

Article III - Membership

Goddard Space Flight Center employees, contract employees and family members shall be admitted to membership in this group and will be governed in accordance with its Bylaws.

Article IV - Officers and Trustees

The officers of this organization shall consist of a Chairman, Vice-Chairman, Secretary, Treasurer and Advisor(s). The officers shall serve without remuneration.

Article V - Amendments

Section 1. Except as otherwise specifically provided herein, this Constitution may be amended by a two-thirds vote in a duly assembled meeting, a quorum being present, providing that notice of the proposed amendment has been given at the preceding meeting.

Section 2. No amendment of this Constitution that would require reorganization or dissolution shall be made except by a three-fourths vote in a duly assembled meeting, a quorum being present, and providing that written notice of the proposed amendment was duly mailed, thirty days prior to such meeting, to each member.

Approved by Goddard Explorer Club November 1975
Amended August 1, 1998

GODDARD EXPLORER CLUB BY-LAWS

Article I - Membership

Application for membership may be written or oral form and presented to any officer of the club. Membership will become effective upon payment of the current year's enrollment fees in the Learning for Life program.

A two-thirds vote of the members at any meeting of the club where a quorum is present will be required to remove a member for cause. Any resolution to remove a member for cause must be made by an officer of the club after investigation establishing the validity of the charges made against the member has been conducted. Once a membership has been terminated for cause, it can be reinstated only by a majority vote of the entire membership.

Article II - Dues

There are no membership fees or dues.. It will be recommended that all club members maintain active enrollment as adult leaders in the Learning for Life program of the Boy Scouts of America (BSA). Only paid-up members may vote in the yearly elections in June.

Article III - Voting

A quorum shall exist when at least 50 percent of the voting members, including one officer, are present. A quorum must be present at any meeting of the organization at which officers are elected or a vote is taken committing it to any proposal or action.

Article IV - Amendments

These Bylaws may be amended by a two-thirds vote of the membership providing that written notice of the proposed amendment had been distributed to the membership thirty days in advance of the voting.

Article V - Executive Committee

The Executive Committee is comprised of the Chairman, Vice-Chairman, Secretary, and Treasurer, will be elected by the membership, will serve yearly terms, and will have the following general duties:

- (1) Establish policies and procedures for effective operation of the post.
- (2) Ensure that all Government and GEWA regulations are adhered to.
- (3) Designate the Institutional Representative
- (4) Establish and supervise a Post Committee to oversee the day-to-day operation of the post.
- (5) Appoint the post Advisor.

Approved by Goddard Explorer Club April 20, 1979

Amended August 1, 1998

APPENDIX B

GSFC EXPLORER POST COMMITTEE BYLAWS

NOTE: All references to members, officers, elections, etc., concern the Post Committee only (rather than the Explorer Club or the Explorer post) unless otherwise stated.

Article I - Purpose

The Post Committee (PC) consists of adults interested in the GSFC Exploring program. The PC establishes policies and is responsible for overseeing the day-to-day activities of the post. It is responsible to the Club Executive Committee.

Article II - Membership

1. Eligibility - any GSFC Explorer Club Member or other adult interested in Exploring is eligible for the Post Committee.
2. A two-thirds vote of members at any meeting of the club where a quorum is present will be required to remove a member for cause. Any resolution to remove a member for cause must be made by an officer of the club after an investigation establishing the validity of the charges made against the member has been conducted. Once a membership has been terminated for cause, it can be reinstated only by a majority vote of the entire membership.

Article III - Registration

All PC members are required to maintain current enrollment in the Learning for Life subsidiary of the BSA

Article IV - Voting

A quorum shall exist when at least 50 percent of the active members, including one officer, are present. A quorum must be present at any meeting of the organization at which officers are elected or a vote is taken committing it to any proposal or action. A current list of active members shall be kept by the PC Secretary.

Article V - Amendments

These Bylaws may be amended by a two-thirds vote of the membership providing that written notice of the proposed amendment has been distributed to the membership thirty days in advance of the voting.

Article VI - Post Management Team

The Post Management Team (PMT) consists of a Chairman, Vice-Chairman, Secretary, Treasurer, and Post Advisor. Members of the Executive committee may serve simultaneously as members of the PMT, if so elected. The Post Advisor is appointed by the Club Executive Committee. Other members of the PMT are elected by the Post Committee and serve yearly terms. The PMT shall guide the operation of the post meeting between regular PC meetings.

1) Chairman

- a. The Chairman, at his option, shall preside at all meetings of the PC, PMT meetings and special meetings
- b. The Chairman shall be responsible for the affairs of the Post Committee and, with the assistance of the PMT, shall execute and administer the policies of the PC.
- c. The Chairman, with approval of the PMT, shall appoint a replacement for each elected officer who vacates his office prior to the end of his term.

2) Vice Chairman

- a. The Vice Chairman shall fill in for the Chairman in his/her absence.
- b. The Vice Chairman shall be responsible for handling PMT support for the Explorer post(s) program.

3) Secretary

- a. The Secretary shall maintain all records and correspondence of the post committee.

4) Treasurer

- a. The Treasurer shall collect and disburse funds of the post committee and shall mentor the elected Explorer Treasurer.

5) Post Advisor

- a. The Post Advisor is responsible for the day to day control of the Explorer Post (youth) operations.
- b. The Post Advisor is responsible for keeping the PMT informed of the needs of the post.
- c. The Post Advisor is responsible to see that the post operate safely and follows rules and regulations.

Article VII - Meetings

1) Membership meetings

Regular membership meetings will be held at least once a month to conduct the general business of the PC.

2) PMT meetings

The PMT shall meet when necessary at a mutually agreeable place, date and time.

3) Special Meetings

The Chairman with the approval of the PMT, may call a special meeting of the PC. If practical notice of the meeting, including the purpose for it, shall be sent to individual members at least 10 days prior to the date of the meeting.

4) Advisors Meetings

Regular advisors meetings, chaired by the post Advisor shall be held at least once a month to ensure that full support is given to all post activities.

Article VIII - Elections

- 1) The following officers of the PC shall be elected by the membership: Chairman, Vice Chairman, Secretary, and Treasurer
- 2) A nominating committee of at least two persons shall be appointed by the Chairman, and approved by the membership. The nominating committee shall provide a list of willing candidates to the Secretary at least 14 days prior to the election.
- 3) A candidate may run in advance for only one office in a given election. During elections, a candidate defeated for one office may be nominated from the floor for another office.
- 4) All members, including incumbents, are eligible to run for any office.

Approved by Goddard Explorer Club April 20, 1979,
Amended July 15, 1985,
Amended August 1, 1998.

POST COMMITTEE POLICIES

- 1) Yearly terms of office begin on July 1 (club year)
- 2) Elections of officers are held in early June.
- 2) The nominating committee should try to obtain 2 candidates for each office.
- 4) Voting may be by secret ballot
- 5) A PC calendar shall be drawn up prior to October and updated monthly.
- 6) Regular meetings of the PC should be held after hours to permit participation by associates.
- 7) The purpose of the regular monthly meeting is to keep everyone informed and pinpoint problem areas. The solution of problems should be listed as action items to be solved outside the regular meetings.
- 8) Chaperones for Post Activities are permitted, although not encouraged, to bring their immediate families to activities.
- 9) The post should officially thank (by letter, certificate, or otherwise) each person or group who lectures, advises, or assists in any post activity.

Approved by Goddard Explorer Club April 20, 1979

APPENDIX C

The Explorer Post operations by the Explorers and adult leaders are governed by the posts Bylaws, rules and policies. These items are issued to each new Explorer when he/she joins and reissued to all Explorers yearly in the form of a SURVIVAL KIT. This appendix contains all of the referenced items.

The items in this appendix were developed by the youth officers and post members with guidance from the adult advisors. They are written in their terms.

EXPLORER POST 1275 BYLAWS

- 1) The purpose of this post is to explore different areas of science and technology.
- 2) This Explorer post shall be known as post 1275, which is sponsored by the Goddard Explorer Club, at the Goddard Space Flight Center.
- 3) Membership is open to anyone of age 14 and in the ninth grade, or age 15 through 20.
- 4) The elected officers shall be a president, vice president, secretary, and treasurer.
- 5) The term of office shall be from September 1st until August 31st.
- 6) The officers shall be elected at the last meeting in May. Any registered Explorer is eligible, but no one member can serve more than four years total
- 7) No one shall hold the same office for two years in succession.
- 8) All elections shall be held by secret ballot.
- 9) A nominating committee shall be appointed by the president. The vice president shall be the head of this committee with four other members of the post. They will organize the ballot for election. On the night of the elections, nominations may be presented from the floor by any member. If the nomination is seconded and the candidate agrees to serve, he must be included on the ballot.
- 10) Registration and dues are to be paid in one lump sum at the beginning of the year. People will pay \$15.00 (dues and registration) within 30 days. This \$15.00 fee will be prorated each quarter throughout the post year.
- 11) There shall be two standing committees which will function throughout the year. These committees shall be the Fund-raising and Newsletter committees. Both committees shall be headed by committee chairmen appointed by the president.
- 12) Any officer who is absent for three consecutive regular meetings without good cause shall have his seat declared vacant if two-thirds of the members present approve.
- 13) There will be at least one meeting of all post members each month.
- 14) Special meetings and changes in date, time or place of the regular meetings shall be approved by the officers, and the secretary shall notify all members.
- 15) Changes and amendments to the bylaws must be approved by two-thirds of the members present at two consecutive meetings.
- 16) All grievances shall be referred to a committee consisting of the president, vice president, advisor, and post committee chairman.

17) Any post member who will be inactive during most of the post year, i.e. anyone who shall be out of town or in college most of the year, may request to become an honorary member. As an honorary member he/she shall pay dues at a reduced rate, to cover registration and newsletter costs. If an honorary member attends an activity that is wholly or partly paid out of the post's funds, the honorary member must pay his full share of the cost. If an honorary member abuses the privilege of honorary membership he/she may be referred to the grievance committee outlined in bylaw 16, which may require him/her to become a regular post member or be expelled from the post. Honorary members may not vote in the election of the officers.

18) A member may not join the post for the purpose of only attending activities outside post meetings or for the purpose of only attending technical group meetings, without just cause.

19) The officers shall meet as necessary for the efficient running of the post.

20) Activities of this post shall be paid for by each attending member. subsidies can be given from the post treasury with the approval of the executives and the sponsor.

21) All funds shall be deposited in the Citizens Bank of Maryland. All checks must be signed by any two of the following: two authorized adults, the treasurer, or the president. The treasurer shall maintain a petty cash fund for administrative purposes, all other expenses shall be approved by the post membership.

22) If for any reason one of the elected offices becomes vacant, a special election will be held at a regular post meeting within six weeks of the office being declared vacant. The election will be held under the procedure defined in the bylaws. Should the office of vice-president become vacant the nominating committee will be headed by the president. Should the office of president become vacant the vice-president will appoint the members of the nominating committee.

Approved by Explorer post members, October 17, 1979

by Goddard Explorer Club, December 4, 1979

Amended by Explorer post members, January 16, 1991

EXPLORER POST 1275 RULES OF ORDER

These few rules must be followed at all times when you are on the NASA facilities. There are no exceptions.

1) No one may park their car in any of the reserved parking spaces. If the space that you have chosen has one of those little signs on it, then you had better move your car. The security guards don't appreciate it when we use the private spots.

2) No one may wander out of the area that they are supposed to be in unless they get the permission of an advisor. This is a government installation, and if you are caught out of the assigned area, you may get a federal indictment. This is the "home of the man", so we have to play by his rules.

3) You must wear your Official Visitors Badge at all times. If you are caught without your badge, you can be found guilty of trespassing on a federal installation. Also, you must wear your own badge. There will be no "swapping" etc.

4) There are often many interesting things lying around in the halls, and in the labs that we use. These things often range from electronic equipment to raw acid. Do not touch any item unless you have gotten permission. Most of these things are delicate and/or dangerous. We don't want any "accidents" happening.

If these rules are followed at all times, then there should never be any trouble with Uncle Sam. If you know of someone who is disobeying any of these rules, please notify one of the officers or an advisor immediately.

Approved Explorer Post Officers and Advisors October 10, 1979

ACTIVITY/TECHNICAL GROUP POLICIES

Only one post activity may be scheduled for a particular date and time. In order to avoid conflicts all activity, post and technical group meetings must be cleared with the post secretary and Advisor as to date and time.

On certain activities, it is suggested that Explorers wishing to attend sign-up in advance. Only those who sign-up may go on the activity, thus making the arrangements for transportation and reservations easier.

All deadlines for money or for signing-up for an activity will be published in the newsletter in advance of the deadline.

A deadline is a deadline, absolutely no money will be accepted after the deadline.

When possible arrange activities so that the cost is paid in on lump sum instead of a deposit/rest of payment system. Exceptions to this policy may be made for very expensive activities (such as the superactivity).

When money is paid beforehand for an activity, but the payer later finds he/she can't attend the following refund policy will be followed. If some or all of the money can be refunded, it will be. If there are not enough funds left after the activity, no refund will be made. For the superactivity, everything is refunded except the deposit. If there is enough left over, the deposit will also be refunded. If another explorer can fill your spot, he/she pays you and you take no loss. For council events, such as the winter weekend, there is no refund.

The treasurer will not accept monies at a technical group meeting. All registrations (for new members or reregistrations for old members), activity fees, etc. will only be handled during regularly scheduled post meetings. In order to permit the treasurer to participate in technical group activities, it is suggested that he/she leave the treasurers records at home during technical group meetings. If the treasurer is unable to attend a post meeting, he/she should arrange with one of the other post officers to handle the treasurer's duties during that meeting.

The profits from fund raising activities will be distributed as follows: 20% of profit goes to general fund of the post. The remaining 80% is divided among those Explorers and advisors who have worked on the fund raising activity. These monies are credited to personal accounts kept in the post treasury. These personal accounts may only be used for Exploring activities. When an individual leaves the post, the remaining balance in his/her personal account becomes the property of the post and is transferred to the post general account.

Adult (age 21 or older) chaperones must participate in all post activities. For overnight activities on which both male and female Explorers are attending, both male and female advisors must accompany and be housed with the post members. If adult chaperones are not available, the activity will be cancelled. Activity committees are strongly urged to find chaperones for the activity. This will ensure that there are chaperones for the activity and that the post committee resources are not overtaxed.

Transportation for all activities must be provided by adult drivers age 21 or older. Explorers age 18 or older may drive on activities with permission of the adult advisors as long as an adult rides in the same vehicle.

Approved by Explorer Post Officers and Advisors October 1979.

OFFICERS DUTIES

The main duties of the officers are as follows:

PRESIDENT (Elected youth Position)

- Serves as chief executive of the post
- Presides at regular and special meetings of the post
- Presides at officers meetings
- Appoints activity committee chairmen
- Appoints special and standing committee chairmen
- Represents the post at the local, and national Exploring meetings, and conferences
- Assists advisor in conducting officers seminar
- Presents annual report to the Goddard Explorer Club
- Attends all post meetings and activities

VICE PRESIDENT (Elected Youth Position)

- Serves as chief administration and program officer
- Assumes the duties of the president in his/her absence
- Directs recruiting, admission and recognition of members
- Attends all post and officer meetings and all post activities
- Collects and maintains Program Capability Inventory (PCI) forms and members suggestions
- Participates in semiannual Explorer program planning conferences

SECRETARY (Elected Youth Position)

- Serves as chief communications officer
- Maintains post membership records
- Handles post correspondence
- Records minutes of all meetings
- Coordinates publicity through newsletter, media, etc.
- Maintains the post activity file
- Attends all meetings and activities

TREASURER (Elected Youth Position)

- Serves as chief financial officer of the post
- Maintains financial records and monitors post budget
- Banks all money and pays the bills
- Collects and records the dues
- Maintains a petty cash fund
- Gives financial reports and requests audits
- Coordinates fund raising projects
- Be sure that a budget is developed
- Be sure activity chairmen take care of activities finances
- Attends all post meetings and activities

If the officers or an officer seems lax in his duties, then call it to the attention of the other officers. If an officer neglects his duties too often, then he can be impeached from office by the method described in the bylaws.

CHAIRMEN DUTIES

TECHNICAL GROUP CHAIRMEN (Appointed Youth Position)

- Make sure technical group meetings are planned and organized
- Run technical group meetings
- Represent group at Board of Directors (BOD) meetings
- Informs post of the groups plans and activities
- Coordinate use of facilities required with adult advisors

ACTIVITY CHAIRMEN (Appointed Youth Position)

- Makes sure activity is planned
- Responsible for running activity
- Fill out activity assignment and report form
- Attend Board of Directors (BOD) meetings
- Attend activity
- Responsible for seeing that any money involved is properly handled
- Inform post of activity
- Make all required arrangements for activity

NEWSLETTER CHAIRMAN (Appointed Youth Position)

- Supervises the publishing of the monthly post newsletter
- Attends all Board of Directors (BOD) meetings
- **Not** responsible for writing articles
- Runs all newsletter meetings
- Responsible for distribution
- Collects articles from activity and technical group chairmen and other writers

FUND-RAISING CHAIRMAN (Appointed Youth Position)

- Supervises post fund-raising activities
- Attends Board of Directors (BOD) Meetings
- Investigates new fund-raising ideas
- Keeps fund-raising records

Committee chairmen are appointed by the post officers after consulting advisors.

APPENDIX D

The forms included here are those that have direct bearing on the legal operations of the Explorer post(s).

Parents Permission and Medical Waiver Slip

Local Outing Permit

National Outing Permit

Liability Insurance Information

Accident Insurance Information

Accident Insurance Policy Document

Personal Health and Medical Record

Flight Release Form

Explorer Registration Form



**Explorer Post 1275
Goddard Explorer Club
NASA Goddard Space Flight Center
Greenbelt, Maryland**



APPROVAL OF PARENTS OR GUARDIANS

(For Explorers and guests under 21 years of age, participating in an Explorer post trip or activity)

First name and middle initial

Last name

Address

Birth date (Month/Day/Year)

City

State

Zip

(_____) _____
(_____) _____

Area code and telephone number (parent's business)

Area Code and telephone number (home)

on

Post trip or activity

Date(s)

Parents please read this statement, before approving application.

I hereby approve and agree to all the terms and conditions of this application and certify to its correctness. Further, I certify that this Explorer can meet the health and physical fitness requirements of this post trip or activity.

Waiver of Claims

In consideration of the benefits to be derived from participation in this post trip or activity, any and all claims against Learning for Life, Explorer post 1275 and Goddard Explorer Club, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in conjunction with or incidental to the post trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this post trip or activity, I consent to X-ray examination, anesthesia, and or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company

Personal Physician

Policy Number

(_____) _____
Telephone Number

(Please sign on reverse side)

Approval

Signature _____ **Date** _____
Father/Guardian

Signature _____ **Date** _____
Mother/Guardian

For Use By Notary Public if Required

In an effort to provide better child protection, certain states and foreign countries now require all releases covering minors to be notarized.

Subscribed and sworn to before me on this the _____ day of _____, _____.

My commission expires _____, _____

Signature of notary public _____



LOCAL OUTING PERMIT APPLICATION

FOR TRIPS AND CAMPS UNDER 500 MILES

LOCAL PERMIT NO. _____ DATE ISSUED _____

This application must be filed with local Learning for Life office 2 weeks in advance of scheduled activity for proper clearance. It is used for trips of less than 500 miles. If destination is 500 miles or more one way or outside the U.S.A., use National Outing Permit Application. **If backcountry trip, be sure to know BSA Wilderness Use Policy.**

No. _____ Town _____ District _____ hereby applies
Type of unit _____
for a permit and submits plans herewith for a trip from _____, 19____, to _____, 19____.
Date _____ Date _____

Give itinerary if tour; or destination if camp, including route description for reaching campsite (for long trip attach map indicating route and overnight stops):

Type of trip: ☐ One day ☐ Touring camp ☐ Short-term camp ☐ Long-term camp (Furnish copy of program and menus.)

☐ Where swimming or boating is included in the program, *Safe Swim Defense*, No. 34370, and/or *Safety Afloat*, No. 34368, standards are to be followed.

Person in charge: _____ ☐ Safe Swim Defense Certification _____ Name _____

Expiration: _____ and/or Safety Afloat certification _____ Expiration: _____

or use of adult assistants so qualified: ☐ Safe Swim Defense Certification _____ Name _____ Expiration: _____

and/or Safety Afloat certification _____ Expiration: _____

Also, at least one adult must be certified in CPR for Safety Afloat. _____ CPR Certificate Expiration: _____

Mode of transportation: ☐ Car ☐ RV ☐ Van ☐ Bus ☐ Boat ☐ Canoe ☐ Train ☐ Hiking ☐ Truck ☐ Other _____

(The beds of trucks and camper trucks are approved for equipment only—passengers are allowed only in the cab.)

Tour will include _____ youth and _____ adults. Have parents' approvals been secured? _____

It is the tour leader's and unit committee member's understanding that all drivers, vehicles, and insurance coverages will meet the national requirements as listed on the reverse side of this application. The Learning for Life policy requires two adult leaders on all camping trips and tours. Tour leader in charge must be at least 21 years of age.

Tour leader's name _____ Age _____ Phone _____

Address _____ Print or type _____

Assistant tour leader's name _____ Age _____ Phone _____

Address _____

Signed by member of unit committee _____

Signed by tour leader _____

RETAIN IN LEARNING FOR LIFE OFFICE

OFFICIAL LOCAL OUTING OR CAMP PERMIT LEARNING FOR LIFE

Permit issued to _____ No. _____ Town _____
Type of unit _____

Name of tour leader _____ Age _____ Address _____

Assistant tour leader _____ Age _____ Address _____

Permit covers all travel between _____ and _____

Dates of trip from _____, 19____, to _____, 19____

Total youth _____ Total adults _____

This group has given the local Learning for Life representative every assurance that they will conduct themselves according to the best standards of good behavior and observe all rules of health, safety, and sanitation as prescribed by Learning for Life and as stated in the Pledge of Performance on the reverse side of this permit.

These spaces are for the signatures and comments of officials where the group camps or stays for one night or more. Signatures indicate that the cooperation and conduct were satisfactory in every way.

Date	Place	Signature	Comment

This permit should be in the possession of group leader at all times and displayed when requested by officials or other duly authorized persons.

Local Permit No. _____

Date Issued _____

Approval Stamp

Not official unless approval stamp appears here.

Learning for Life office name and address _____

Learning for Life office phone no. _____

Signed for Learning for Life _____

INSURANCE

All vehicles **MUST** be covered by a public liability and property damage liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000.) Any vehicle carrying ten (10) or more passengers is *required* to have limits of \$100,000/\$500,000/\$100,000. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

The local Learning for Life representative may allow a list of the above information to be attached to the permit in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

TRANSPORTATION

- You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
- If by motor vehicle:
 - Driver Qualifications:** All drivers must have a valid driver's license and be at least 18 years of age. **Youth Participation Exception:** When traveling to an area, regional, or national Learning for Life activity or any Explorer event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

- If the vehicle to be used is designed to carry more than fifteen persons (including driver) the driver must have a commercial driver's license (CDL).

Name: _____

C.D.L. expiration date _____

- Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
- Seat belts are provided, *and must be used*, by all passengers and driver. Exception: A school or commercial bus.
- Passengers will ride only in the cab if trucks are used.

OUR PLEDGE OF PERFORMANCE

- We will use the Safe Swim Defense in any water activity.
- We will use trucks only for transporting equipment—no passengers except in the cab. All passenger cars, station wagons, recreational vehicles, and cabs of trucks will have a seat belt for each passenger.
- We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.
- We will be certain that fires are attended at all times.
- We will apply for a fire permit from local authorities in all areas where it is required.
- We will at all times be a credit to Learning for Life and will not tolerate rowdiness, keeping a constant check on all members of our group.
- We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.
- We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.
- We will not deface trees, restrooms, or other objects with initials or writing.
- We will respect the property of others and will not trespass.

- We will not cut standing trees or shrubs without specific permission from the landowner or manager.
- We will collect only souvenirs that are gifts to us or that we purchase.
- We will pay our own way and not expect concessions or entertainment from any individual or group.
- We will provide every member of our party an opportunity to attend religious services on the Sabbath.
- We will observe the courtesy to write thank-you notes to persons who assisted us on our trip.
- We will, in case of backcountry expedition, read and abide by the Wilderness Use Policy.
- We will notify, in case of serious trouble, our local Learning for Life office, our parents, or other local contact.
- If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.



NATIONAL OUTING PERMIT APPLICATION

LOCAL COUNCIL TIME STAMP

REGIONAL TIME STAMP

A National Learning for Life Outing Permit is required for all groups traveling to areas 500 miles or more one way from home area (local council camp excepted), or crossing national boundaries into the territory of other nations. This application should be submitted, typed or printed, to the local Learning for Life office for approval **at least one month before your outing. Then the Learning for Life office will forward it to the regional service center for further approval.** It is essential that you read *Tours and Expeditions*, No. 33737A, before filling out this form. For trips and overnight camps less than 500 miles one way, use Learning for Life Local Outing Permit Application.

FOR OUTINGS 500 MILES OR MORE AND OUTINGS OUTSIDE THE U.S.A.

Current date _____
Learning for Life office name _____ Type of unit _____ No. _____
Learning for Life office address _____
Purpose of this trip is _____
From (city and state) _____ to _____
Mileage round trip _____ Dates / / to / / Total days _____
Is accident insurance in force for this unit? ☐ Yes ☐ No Company _____ Policy no. _____

LEADERSHIP AND PERSONNEL (Learning for Life policy requires at least two adult leaders on all camping trips and tours. Coed Explorer posts must have both male and female leadership.)

1. The adult leader in charge of this group must be at least 21 years old.

Name _____ Age _____ Position _____ Expiration date _____
Street or R.F.D. _____

City _____ State _____ Zip code _____

Home phone () _____ Business phone () _____

List experience and training for this responsibility _____

I have in my possession a copy of *Guide to Safe Learning for Life Activities*, No. 99-117, and have read it. _____

Adult leader's signature

2. Associate adult leader name(s) (minimum age 18) Age _____ Scouting position _____ Expiration date _____

Address _____ Phone () _____

Address _____ Phone () _____

Attach a list with additional names and information as outlined above.

3. Party will consist of (number):

_____ Explorers—male
_____ Explorers—female
_____ Adults—male
_____ Adults—female
_____ Total

4. Party will travel by:

Car ☐
Bus ☐
Train ☐
Plane ☐
Canoe ☐
Van ☐
Boat ☐
Foot ☐
Cycle ☐

If traveling by other methods, please specify:

a. Party will travel with another post that has a male or female (circle one) leader. This leader will be responsible for the Explorer(s) of my post.

Advisor _____

Other post's no. _____

Council _____

TRANSPORTATION

5. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.

6. If traveling by motor vehicle:

a. **Driver qualifications:** All drivers must have a valid driver's license that has not been suspended or revoked for any reason, and must be at least 18 years of age. **Youth-participant exception:** When traveling to an area, regional, or national Learning for Life activity, or any Explorer event under the leadership of an adult (21+), tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) No record of accidents or moving violations; (3) Parental permission has been granted to leader, driver, and riders.

NATIONAL OUTING PERMIT

THIS IS TO CERTIFY THAT

Permission is granted to:

Tour leader _____ Date issued _____

Type of unit _____ No. _____

Council address _____

For trip from _____ to _____

Dates _____ to _____, 19 _____

This permit is granted with the understanding that the group is prepared to meet its own expenses and that no soliciting of funds or of special concessions because of its connection with Learning for Life will be permitted en route.

Any person to whom this permit is presented is advised that proper assurance has been given to approved representatives of Learning for Life that participants of this group are qualified campers and are familiar with the standards and objectives of good behavior and will conduct themselves accordingly.

Regional authorization

- b. If the vehicle to be used is designed to carry more than 15 persons (including driver), the driver must have a commercial driver's license (CDL).
 Name _____ CDL expiration date _____
- c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops. If only one driver, then reduce driving time and stop more frequently.
- d. Seat belts are provided, *and must be used*, by all passengers and driver. Exception: A school or commercial bus, where not required by law.
- e. Passengers will ride only in the cab if trucks are used.

INSURANCE

All vehicles MUST be covered by a public liability and property damage liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle carrying ten (10) or more passengers is *required* to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

KIND YEAR AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER*	DOES EVERYONE HAVE SEAT BELTS?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

***All drivers must have a valid driver's license that has not been suspended or revoked for any reason.**

7. If traveling by public carrier, plane, or boat:
- ☐ a. Operations are in accord with state and federal laws.
 - ☐ b. Insurance coverage is adequate.

HEALTH—SAFETY—AQUATICS—SANITATION—WILDERNESS USE POLICY—YOUTH PROTECTION TRAINING

8. ☐ a. Where swimming or boating is included in the program, *Safe Swim Defense*, No. 34370, and/or *Safety Afloat*, No. 34368, standards are to be followed.

Persons in charge:

NAME	AGE	SAFE SWIM DEFENSE	SAFETY AFLOAT	CERTIFICATION EXPIRES

At least one person must be certified in CPR from any recognized community agency for Safety Afloat:

NAME	AGE	CPR CERTIFICATION	AGENCY	EXPIRATION DATE

- ☐ b. Our travel equipment will include: first-aid kit, road emergency kit.
- ☐ c. Units going into the wilderness or backcountry must carry and abide by the Wilderness Use Policy, No. 20-121.
- ☐ d. The group leader will have in his or her possession the appropriate health and medical forms for every leader and participant.
- ☐ e. All registered adults must have completed the Learning for Life Youth Protection training for participation in any national event/activity.

Itinerary. It is required that the following information be provided for *each day* of the tour: (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required.

DATE	From	TRAVEL To	MILEAGE	OVERNIGHT STOPPING PLACE (Check if reservations are cleared.)	✓

We hereby verify that we consider the leadership of this tour adequate in every way, that the foregoing statements are correct, and that we will comply with the policies and procedures for tours and expeditions as established by Learning for Life. **In the event of any serious injury or fatality occurring during this activity, we will notify Learning for Life immediately.**

Signatures Required:

Approved _____ Unit no. _____ Date _____
 (Chairman of committee)

Approved _____
 (Tour leader)

Send this entire application to your local council service center for approval at least one month prior to the activity.

Approved _____ Council no. _____ Date _____
 (Scout executive)

For Regional Use Only:

Approved by _____ Region ☐ W ☐ C ☐ S ☐ NE Date _____

INSURANCE INFORMATION FOR VOLUNTEERS

Listed below are brief outlines of insurance coverages provided by or through the local council:

Comprehensive General Liability Insurance

This coverage provides protection for the council, all Scouting professionals and employees, Scouting units, chartered organizations, and volunteer Scouters (whether or not registered) with respect to claims arising in the performance of their duties in Scouting. Coverage is more than \$15 million for bodily injury and property damage.

The insurance provided Scouting volunteers through the BSA General Liability Insurance program is excess over any other insurance the volunteer might have to his or her benefit, usually a homeowners, personal liability, or auto liability policy. There is no coverage for those who commit intentional or criminal acts.

By providing insurance coverage to volunteers on an excess basis, BSA is able to purchase higher limits. Because of the high limits, volunteers should NOT be placed in a position where their assets are jeopardized because of a negligence liability claim or lawsuit.

Automobile Liability Insurance

All vehicles **MUST** be covered by a liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000.) Any vehicle carrying ten (10) or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a liability insurance policy that complies with or exceeds the requirements of that country. The council's automobile liability insurance is excess of the insurance the owner of the auto carries, providing insurance protection above the limits carried on the auto up to the council's \$15 million limit of coverage. A tour permit or a council short-term camping permit is required when units travel overnight or outside their district. The Council should establish more specific guidelines setting forth when a local council tour permit is required. National tour permits are required for all trips more than 500 miles. These permits should list the drivers' names and limits of automobile liability insurance carried.

INSURANCE INFORMATION FOR VOLUNTEERS

Unit Accident Insurance Plan (Mutual of Omaha)

Unit Accident Insurance is available through the council; information is sent to units each year in their charter renewal kits, and the coverage must be applied for by the unit. This plan provides coverage for accident medical expenses and accidental death and dismemberment while participating in any approved and supervised Scouting activity, including going to and from meetings. New members are automatically covered under the plan until the renewal date. Non-Scouts attending scheduled activities (including group travel to and from such activities) for the purpose of being encouraged to participate in Scouting are also automatically covered. However, the plan does not cover parents, siblings or other guests.

PLEASE REPORT ALL SERIOUS INCIDENTS, ACCIDENTS AND/OR SICKNESS, OR IF A SUMMONS IS SERVED ON A VOLUNTEER, TO THE COUNCIL SERVICE CENTER IMMEDIATELY.

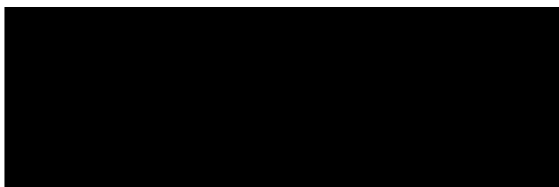
Call phone number 301-214-9150 and speak to Mr. Love if you have a question related to insurance.



UNITED OF OMAHA LIFE INSURANCE CO.
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175-0001



LEARNING FOR LIFE UNIT ACCIDENT INSURANCE



When filing a claim, be sure to include in the space provided on the claim form, the "MB" number above your name and address.

MEMORANDUM OF COVERAGE

Medical Expense Benefit: \$15,000
Nonduplication Amount: \$150
Dental Injury Benefit: \$1,250

Ambulance Service Benefit: \$6,000
Specified Injury Benefit: \$35,000

United of Omaha Life Insurance Company

(called "We," "Us" or "Our")

Hereby certifies that each eligible person who is registered with a participating Learning for Life (Explorer or Non-Explorer) Group or Post and for whom the required premium has been paid (called "you," "your" or "Insured") is insured under Policy Form S27Y (called the policy). Nonscouts, nonscouters and guests who are being encouraged to become registered leaders or scouts are automatically insured while in attendance at a scheduled activity. We agree to pay the benefits described in the policy, subject to its provisions, for injuries received while you are:

- (a) participating in any activity approved and supervised by Learning for Life; or
- (b) traveling to or from any activity approved and supervised by Learning for Life.

EXCEPTIONS AND LIMITATIONS

- (a) the cost of medical or surgical treatment or nursing service rendered by any person employed by Learning for Life;
- (b) any loss caused by suicide or any attempt thereat;
- (c) any loss caused by intentionally self-inflicted injuries;
- (d) eye refractions, replacement of eyeglasses or contact lenses or hearing aids or the fitting thereof;
- (e) loss caused by act of declared or undeclared war;
- (f) dental treatment or dental X-rays, except when required as the result of injuries to sound, natural teeth;
- (g) disease or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound).

DEFINITIONS

"Injuries" means accidental bodily injuries which result, independently of sickness and all other causes, in: (a) loss of life, limb or sight, paraplegia, hemiplegia or quadriplegia; and/or (b) expense incurred for hospital and professional services specified in the policy.

"Hospital" means a place licensed as a hospital (if licensing is required by law), which is operated for the care and treatment of resident inpatients and which has a graduate nurse always on duty, and a laboratory and an operating room (both on the premises) where major surgical operations are performed by persons legally qualified to do so. In no event, however, will the term "hospital" mean a hospital or an institution or part of such hospital or institution which is licensed as or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, or treatment center for drug addicts or alcoholics.

"Irreversible Coma" means: (a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending Legally Qualified Physician.

BENEFITS FOR HOSPITAL AND PROFESSIONAL SERVICE

When injuries result in treatment by a legally qualified physician or nurse (RN or LPN) beginning within 60 days after the date of the accident, we will pay the expense incurred up to the usual, reasonable charges normally made within the geographical area where treatment is performed for necessary Services and Supplies listed below, but not to exceed the specified limits for each accident.

Services and Supplies

1. Pays the usual, reasonable charges for medical and surgical treatment, prescription drugs, hospital care and service, and the exclusive services of a private duty nurse (RN or LPN), not to exceed the Medical Expense Benefit.

When surgical treatment or hospital care is involved, benefits in excess of the Nonduplication Amount will be payable only for the expenses shown above which are not recoverable under any other insurance policy or service contract.

2. Pays the following benefits, in addition to those shown above:
 - (a) Pays up to the Dental Injury Benefit for treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident your attending dentist certifies that dental treatment or replacement must be deferred beyond such 52-week period, we will pay the estimated cost of such treatment.
 - (b) Pays up to the Ambulance Service Benefit when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, air ambulance service is needed to facilitate treatment of injuries and no other ambulance service is available.
 - (c) Pays up to the Ambulance Service Benefit for surface transportation to a hospital.
3. Pays up to the Specified Injury Benefit for Medically Necessary treatment of the following: (a) loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) hearing in both ears.

When expense is incurred as a result of injuries received while participating in any national, regional or local council-sponsored camp or special event, including travel to and from the camp or event, we will pay the benefits only for such expense which is not recoverable under any policy issued to Learning for Life to provide coverage for such camp or event.

Medical expense benefits are not payable for any injuries for which any medical benefits are payable under workers compensation or employer's liability laws.

Benefits are payable only for service or treatment performed and supplies furnished within the 52-week period immediately following the date of the accident.

SPECIFIC LOSS, PARAPLEGIA, HEMIPLEGIA AND QUADRIPLÉGIA ACCIDENT BENEFITS

When injuries result in loss of life or any of the other specific losses listed below, within 365 days from the date of the accident, we will pay for loss of:

Life	\$10,000	One limb and one eye	\$20,000
Both hands or both arms	20,000	One hand or one arm	5,000
Both feet or both legs	20,000	One foot or one leg	5,000
Both eyes	20,000	Either eye	5,000
One hand and one foot	20,000	Thumb and index finger	2,500

Loss in every case referred to above of hand or hands, or foot or feet, shall mean severance at or above the wrist joint or ankle joint, respectively; and loss of arm or arms, or leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively; the loss of eye or eyes shall mean the total, uncorrectable and irrecoverable loss of the entire sight thereof. Loss of thumb and index finger shall mean severance of at least one entire phalanx from each digit of the same hand.

When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the accident and continuing for one year, we will pay benefits as follows:

For paraplegia -- \$10,000

For hemiplegia -- \$10,000

For quadriplegia -- \$20,000

"Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs.

"Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg.

"Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and legs.

Only one of the amounts (the largest applicable thereto) named above will be paid for injuries resulting from one accident, and will be in addition to any other benefits for such accident.

WEEKLY DISABILITY INDEMNITY BENEFITS

All registered adult leaders 21 years of age or older (18 years if an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistant Webelos Den Leader) are covered for the following:

When covered injuries result in Total Disability beginning within seven (7) days after the date of an accident, we will pay benefits for one day or more during such Total Disability at the rate of \$200 for each full week, not to exceed 52 weeks for any one accident. Benefits begin on the date of the first medical treatment during Total Disability.

(Total Disability means that period of time during which you receive medical treatment, are wholly and continuously disabled and are completely unable to engage in your occupation.)

BENEFICIARY

Indemnity for loss of life and any other accrued indemnities unpaid at your death will be paid as provided in the beneficiary designation made by you. If there is no beneficiary designation or if the designated beneficiary predeceases you, the indemnity will be paid to the first of the following surviving preference beneficiaries: your; (a) spouse; (b) child or children, jointly; (c) parents, jointly, if both are living or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate.

NOTICE AND PROOF OF LOSS

Written notice of a claim must be given to us within 30 days after loss covered by the policy begins or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. You can give the notice or have someone else do it for you. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must include your name.

You must give us written proof of your loss within 90 days after the date of the loss. If there is no way reasonably possible for you to give such proof, it will not affect your claim. However, you must give us proof of loss as soon as reasonably possible and, except in the absence of legal capacity, no later than one year from the time proof is otherwise required.

EFFECTIVE DATE

The effective date of this Memorandum of Coverage is the date the application and the required premium are received and processed by us or a later date if specifically requested.

INDIVIDUAL EFFECTIVE DATE

Each eligible person will become an Insured under the policy on the Effective Date or upon registration with a participating Learning for Life (Explorer or Non-Explorer) Group or Post, whichever is later. Nonscouts, nonscouters and guests who are being encouraged to become registered leaders or scouts are automatically insured while in attendance at a scheduled activity, including group travel with the scouts to and from such activity.

TERMINATION DATE

This Memorandum of Coverage will terminate on whichever of the following dates occurs first: (a) on the date any premium is due and unpaid; or (b) on the renewal date following termination of the policy.

INDIVIDUAL TERMINATION DATE

The insurance of any Insured will terminate on whichever of the following dates occurs first: (a) the date the Insured is neither a registered member of the participating Learning for Life Group or Post, nor leader or committeeman; or (b) the termination date of the memorandum of the unit.

United of Omaha Life Insurance Company


Corporate Secretary

IMPORTANT

SPECIAL HINTS FOR COMPLETING CLAIM FORM PROPERLY

It is essential to the timely processing of claims that the claim form be completed in its entirety. The following guidelines must be followed to avoid unnecessary delay.

1. Name and address (of Insured Scout) - Use the Scout's full name each time you correspond or send an additional bill, etc. The Insurance Company is not always sure it is the same person if one time the name is submitted as Joseph Smith, another time as Jo Smith, and Bud Smith on still another occasion.
2. MB Number - Show the full correct number as listed on the Memorandum of Coverage. When a claim form does not have this full information, there is delay while it is determined what it should be.
3. Date of Accident - A very important date. When it is missing, the claim cannot be processed.
4. How Injury Occurred - What was the person doing when injured?
5. Signature and Title of Organizational Official - Be sure the title is always listed after your name when signing the form.
6. Medical Information (on the reverse side of the claim form) - This must be completed by the attending physician or there must be a bill which contains the diagnosis.

Should you have any questions regarding claims, please do not hesitate to contact Mutual of Omaha Insurance Company's Claims Special Coverages Department, 1-800-524-2324.



PERSONAL HEALTH AND MEDICAL RECORD PART 1 AND PART 2

Part 1 (update annually for all participants). Activity: Camping, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Part 2 (required once every 36 months for all participants under 40 years of age). Activity: Camping or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an **annual** medical evaluation. Your Learning for Life representative can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Part 2 section of this form) must be scheduled by a *licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40.

PART 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in Learning for Life programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized.

NAME

UNIT

CAMP SITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

PART 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____ Pulse _____

Lab: Urinalysis (dipstick) _____ Albumin _____ Sugar _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____

Licensed health-care practitioner*

Address _____ Phone _____

City, State, Zip _____

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By

PHOTOCOPING THIS FORM IS PERMITTED.

NAME

TROOP

CAMP SITE

PERSONAL HEALTH AND MEDICAL RECORD FORM—Part 3

I. IDENTIFICATION

Age _____ Sex _____

Date of Birth*

Name _____
Last name First name Initial

Address _____
Mo. Day Year

City & State _____ Zip _____

Health/Accident insurance _____ Policy no. _____

IN AN EMERGENCY NOTIFY:

Name _____ Relationship _____

Address _____ Home phone _____

City & State _____ Business phone _____

Personal Physician _____ Phone _____

III. PARENTAL STATEMENT

Has it ever been necessary to restrict applicant's activities for medical reasons? ☐ No ☐ Yes Does applicant take medicine regularly or have special care? ☐ No ☐ Yes If yes, explain.

To the best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in Learning for Life programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Parent or guardian _____
(Must sign if applicant is 18 or younger)

Applicant's signature _____

Date signed _____

IV. IMMUNIZATIONS

If disease, put "D" and year.

Last year given

Tetanus _____

Diphtheria _____

Pertussis _____

Measles _____

Mumps _____

Rubella _____

Polio _____

Chicken Pox _____

Religious preference _____

LEARNING FOR LIFE

All Part 3 activities require a health examination within the past 12 months by a licensed health-care practitioner.* This includes youth and adult members participating in high-adventure activities, athletic competition, and world jamborees.

II. EMERGENCY MEDICAL INFORMATION

Has or is subject to (check and give details):

☐ Allergy to a medicine, food, plant, animal, or insect toxin

☐ Any condition that may require special care, medication, or diet

☐ ADHD (Attention Deficit Hyperactive Disorder)

☐ Asthma

☐ Convulsions

☐ Heart trouble

☐ Contact lenses

☐ Diabetes

☐ Fainting spells

☐ Bleeding disorders

☐ Dentures



EXPLAIN _____

V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE

Approved for participation in:

☐ Hiking and camping

☐ Water activities

☐ Competitive sports

☐ All activities

Specify exceptions _____

Recommendations (explain any restrictions OR limitations): _____

Signed _____ Date _____
*Licensed health-care practitioner

*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

PLEASE TYPE OR PRINT.

NAME _____

NOTE: Keep original form for your personal record. Make reproductions for agency use. Be sure information and signatures are legible on reproduced copies. This upper section may be reproduced and carried with you for emergency identification and care.

UNIT _____

VI. MEDICAL HISTORY

Parent (or applicant if 18 or older): Fill in sections I, II, III, IV, and VI before seeing a licensed health-care practitioner. Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

- Date of most recent complete physical examination (month and year) _____ 19 _____
- Are you aware of any current health problems? ☐ No ☐ Yes
- Now under medical care or taking medicines? ☐ No ☐ Yes
- Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination? ☐ No ☐ Yes

Give dates and full details below for any "yes" answers.

IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):

	No	Yes	Year	Details/Medicines
Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skin, glands	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ears, eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nose, sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Teeth, tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stomach, bowels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidneys or urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Back, limbs, joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nervous condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

VII. HEALTH EXAMINATION

Licensed Health-Care Practitioner:

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (aboot or afloat) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, above, and sign.

Date _____ VISION: _____ HEARING: _____
Ht. _____ Wt. _____ Normal _____
B.P. _____ / _____ Pulse _____ Glasses _____ Abnormal _____
Contacts _____

Check box if normal; circle if abnormal and give details below:

- ☐ Growth, development
- ☐ Teeth, tonsils
- ☐ Skin, glands, hair
- ☐ Respiratory
- ☐ Head, neck, thyroid
- ☐ Cardiovascular
- ☐ Eyes, ears, nose
- ☐ Abdomen, hernia, rings
- ☐ Genitourinary
- ☐ Skeletomuscular
- ☐ Neuropsychiatric
- ☐ Other (specify) _____

COMMENTS

LABORATORY: Urinalysis (Dip stick) Albumin _____ Sugar _____



REVIEW FOR CAMP OR SPECIAL ACTIVITY						
DATE	AGENCY AND ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

INTERVAL RECORD	(CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC.)
-----------------	--

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.	BY:

FLYING PERMIT APPLICATION

Local Permit No. _____ Date Issued _____

This application must be filed with Learning for Life representative two (2) weeks in advance of scheduled activity for proper clearance.

Post No. _____ Town _____ District _____

_____ hereby applies for a permit and submits plans herewith for an aircraft

_____ flight on _____
Type of aircraft _____ Date _____ Year _____

Give airport name and location flight will originate and terminate: _____

Flight will include _____ youth and _____ adults.

Have parent or guardian consent forms been secured and attached to application? ☐ Yes

Have pilot documents, as required on the reverse side of this application, been attached to application? ☐ Yes

Leader and unit committee participant state that requirements and insurance coverages will meet the national requirements as listed on the reverse side of this application.

Leader's name _____ Age _____ Phone _____

Address _____

Signed by participant of unit committee Signed by leader

RETAIN IN LEARNING FOR LIFE OFFICE

COMPLETE AND RETURN TO POST

OFFICIAL FLYING PERMIT LEARNING FOR LIFE

Permit issued to _____ Post No. _____

Town _____

Name of leader Age

Address

Date of flight _____ Airport location _____ Total youth _____

Total adults _____ Learning for Life office address _____

Signed for Learning for Life

Local permit No. _____

Date issued _____

Approval Stamp

PILOT, AIRCRAFT, AND INSURANCE REQUIREMENTS

Insurance Requirements Aircraft to be used must have at least \$1,000,000 aircraft liability including passenger liability, with no passenger sublimit.

Insurance Company _____

Policy No. _____ Expiration Date _____

Aircraft Must have FAA STANDARD Certificate of Airworthiness, other proper documents, and must be current in all FAA-required inspections.

Date of last annual inspection _____

Type of Orientation Flight _____ Basic orientation flight is within 25 nautical miles of the departure airport with no stops before returning. Pilot must have at least a Private Pilot Certificate and 250 hours total flight time and be current under FAR 61 to carry passengers and have a current medical certificate issued under FAR 61.

_____ Advanced orientation flight is within 50 nautical miles of the departure airport, but the flight may land at other locations before returning to the original airport. Pilot must have at least Private Pilot Certificate and 500 hours total flight time and be current under FAR 61 to carry passengers and have a current medical certificate issued under FAR 61.

(Only Explorers and Explorer leaders may participate in Advanced orientation flights.)

Pilot Name of pilot _____
Type of certificate _____ (attach copy)
Date of current medical certificate _____ (attach copy)
Total flying time _____

Additional Information *No fee may be charged for the flight other than sharing of normal operating cost such as fuel or aircraft rental.

*Only aircraft with a STANDARD Airworthiness certificate allowed. No SPECIAL Airworthiness certificates accepted.

*IFR rating required for after-dark flying.

FOR ADDITIONAL GUIDANCE, SEE THE LEARNING FOR LIFE FLYING POLICY FOR EXPLORERS.

EXPLORER APPLICATION

1 2 7 5

Local
post
number

Check

☐ Male

☐ Female

Please print one letter in each space
Leave space between first name and initial

First name and initial

Last name

Address—street or R.F.D.

Date of birth

Month Day Year

Additional address information (if needed)

Grade

City

State

Zip code

I submit this application

PARENT/GUARDIAN INFORMATION

Signature of Explorer

Name

Occupation

Area code

Home telephone number

Date

Employer and business address

School

Previous Scouting service (parent)

FOR POST. USE

Registration fee

Term (months)

Unit renewal date

Month Year

\$

Adviser signature

Class 1 Personal Health History

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ ZIP _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes ☐ No ☐ Explain: _____

General information:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
ADHD (Attention Deficit)	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
									Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

List any medications taken _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature _____ Date _____

Parent or guardian